

Town of Concord  
**Employees' Group Health Insurance Rates**  
*Effective 6/1/15*  
*(Payroll deductions change as of May 2015)*

*Please note that to be eligible for coverage under any one of these plans, the employee and covered family members must live in the service area defined by that plan. If you move, you must contact the Human Resources Department to record your address change and discuss how your move might affect your coverage options. To find out about the insurance option available to people who are ineligible for coverage under any of the plans listed here, please contact the Human Resources Department.*

<b>FAMILY</b>	<b>Tufts EPO</b>	<b>Harvard HMO</b>	<b>Fallon Select Care</b>	<b>Fallon Direct Care</b>
<b>Group Number</b>	<b>16208-010</b>	<b>028717-0013</b>	<b>5550081</b>	<b>5550080</b>
<b>Monthly Premium</b>	\$1,730.00	\$1,705.00	\$1,424.00	\$1,345.00
Town Share	(52%) \$899.60	(55%) \$937.76	(55%) \$783.20	(55%) \$739.76
Employee Share	(48%) \$830.40	(45%) \$767.24	(45%) \$640.80	(45%) \$605.24
<b>Biweekly Payroll Deduction</b>	<b>\$ 415.20</b>	<b>\$ 383.62</b>	<b>\$ 320.40</b>	<b>\$ 302.62</b>
Change in Biweekly Deduction	<b>+ \$36.72</b>	<b>+ \$33.97</b>	<b>+ \$6.30</b>	<b>+ \$5.85</b>

<b>INDIVIDUAL</b>	<b>Tufts EPO</b>	<b>Harvard HMO</b>	<b>Fallon Select Care</b>	<b>Fallon Direct Care</b>
<b>Group Number</b>	<b>16208-010</b>	<b>028717-0013</b>	<b>5550081</b>	<b>5550080</b>
<b>Monthly Premium</b>	\$637.00	\$649.00	\$533.00	\$503.00
Town Share	(61%) \$388.58	(63%) \$408.88	(60%) \$319.80	(60%) \$301.80
Employee Share	(39%) \$248.42	(37%) \$240.12	(40%) \$213.20	(40%) \$201.20
<b>Biweekly Payroll Deduction</b>	<b>\$ 124.21</b>	<b>\$ 120.06</b>	<b>\$106.60</b>	<b>\$ 100.60</b>
Change in Biweekly Deduction	<b>+ \$10.92</b>	<b>+ \$10.54</b>	<b>+ \$2.00</b>	<b>+ \$2.00</b>

March 11, 2015